

# Self-Evaluation Homeless Education Program

1. Removal of barriers to school enrollment:

2. Provision and coordination of services:

3. Services to non-homeless students:

4. Authorized Activities:

5. Compliance with approved application:

**Please check yes or no**

- \_\_\_\_\_ Children are screened to determine specific academic, physical, social, medical and emotional needs in families identified as homeless.
- \_\_\_\_\_ Homeless students identified will be placed in supportive programs. Academic progress and attendance will be monitored.
- \_\_\_\_\_ Proper clothing will be obtained for children and families identified as homeless, either through purchase or referral.
- \_\_\_\_\_ Identified homeless parents requesting assistance and dropouts will be referred to GED programs.
- \_\_\_\_\_ Tutoring will be provided to identified homeless children during before and after school hours and summer months.
- \_\_\_\_\_ Emergency assistance will be provided to homeless families. This assistance might include food, clothing, health needs and other determined needs.
- \_\_\_\_\_ A concentrated effort will be made to organize parent meetings and parenting workshops for families identified as homeless.

6. Financial reporting:

Are quarterly reports submitted on time? \_\_\_\_\_

Are quarterly reports accurate? \_\_\_\_\_

Are funds being expended in congruence with the approved application? \_\_\_\_\_

7. Number of students served:

Number of homeless students projected to serve in application? \_\_\_\_\_

Number of homeless students served thus far? \_\_\_\_\_

8. Academic advancement:

Number of students with no improvement? \_\_\_\_\_

Number of student with one grade advancement? \_\_\_\_\_

Number of students with two grades advancement? \_\_\_\_\_

Number of students with three or more grades advancement? \_\_\_\_\_

Summary:

This project is found to be in compliance with the Steward B. McKinney Homeless Assistance Act:

Yes \_\_\_\_

No \_\_\_\_

Areas of non-compliance:

This project is found to be in compliance with the approved application:

Yes \_\_\_\_

No \_\_\_\_

Areas of non-compliance:

Projected date for correction: \_\_\_\_\_

\_\_\_\_\_  
State Homeless Education Coordinator

\_\_\_\_\_  
Local Homeless Coordinator